



10-24-03

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Application Ser. No. 09/924,103
Atty. Dkt. No. 018733-1055

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: David M. GOLDENBERG, et al.

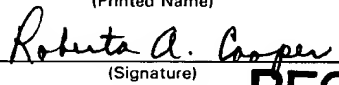
Title: IMMUNOTHERAPY FOR
CHRONIC MYELOCYTIC
LEUKEMIA

Appl. No.: 09/924,103

Filing Date: 08/08/2001

Examiner: Yaen, Christopher H.

Art Unit: 1646

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EL 979073409 US (Express Mail Label Number)	10/23/03 (Date of Deposit)
Roberta A. Cooper (Printed Name)	
 (Signature)	

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AMENDMENT TRANSMITTAL

Mail Stop NON-FEE AMENDMENT
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is the following in response to the Office Action dated August 12, 2003, in the above-identified application.

- [X] Amendment and Reply Under 37 C.F.R. § 1.111 (10 pgs.)
- [X] Declaration Regarding Amendatory Material (2 pgs.)
- [X] Sequence Listing (hard copy) (4 pgs.)
- [X] Sequence Listing (computer readable, 3.5 disk)
- [X] Statement to Support Filing and Submission in Accordance with 37 C.F.R. §§ 1.821-1.825 (1 pg.)
- [X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

☒ [X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	17	<input type="checkbox"/>	26	=	0	x	\$18.00	=	\$0.00
Independents:	2	<input type="checkbox"/>	3	=	0	x	\$86.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$290.00	=	\$0.00
CLAIMS FEE TOTAL:									\$0.00

☐ [] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> []	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/> []	Extension for response filed within the second month:	\$420.00	\$0.00
<input type="checkbox"/> []	Extension for response filed within the third month:	\$950.00	\$0.00
<input type="checkbox"/> []	Extension for response filed within the fourth month:	\$1,480.00	\$0.00
<input type="checkbox"/> []	Extension for response filed within the fifth month:	\$2,010.00	\$0.00
EXTENSION FEE TOTAL:			\$0.00
<input type="checkbox"/> []	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$55.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:			\$0.00
<input checked="" type="checkbox"/> [X]	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$0.00

☒ [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated,

otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 10/23/03

By M. Scott McBride

FOLEY & LARDNER
777 E. Wisconsin Avenue
Milwaukee, WI 53202
Telephone: (414) 297-5529
Facsimile: (414) 297-4900

M. Scott McBride
Attorney for Applicants
Registration No. 52,008